Schlonsky Michael Allen Form 4 March 13, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

OMB APPROVAL

Washington, D.C. 20549

3235-0287 Number:

January 31,

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

Expires:

5 Relationship of Reporting Person(s) to

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

2 Jasuar Nama and Tielzer or Trading

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Common

Common

Common

Stock

Stock

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

03/12/2018

	Michael Allen	Symbol	OTS INC [BIG]	Issuer				
(Last) 300 PHILL	, ,	Middle) 3. Date of (Month/E) 03/12/2	· ·	(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) Executive Vice President				
	(Street)		endment, Date Original nth/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
COLUMBU	JS, OH 43228			Form filed by More than One Reporting Person				
(City)	(State)	(Zip) Tabl	le I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price	Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)				

 $F_{\underline{(1)}}$

3,057

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form

29,047

3,224

3,300

48.45

D

Ι

I

By the

401(k)

Plan (2)

By the

Trust (3)

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displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date		4.	5. ionNumber	6. Date Exerc		7. Tit		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	execution Date, if any (Month/Day/Year)	Code (Instr. 8)	of	.		Under	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

D (1 0 N (4))	Relationships
Reporting Owner Name / Address	•

Director 10% Owner Officer Other

Schlonsky Michael Allen 300 PHILLIPI ROAD COLUMBUS, OH 43228

Executive Vice President

Signatures

Joseph Y. Heuer, Attorney-in-fact for Michael Allen Schlonsky

03/13/2018

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The issuer withheld common shares to satisfy taxes applicable to the vesting of an equity award for the reporting person.
- (2) Common Stock held under the Big Lots Savings Plan ("401(k) Plan"). This information is based on a 401(k) Plan report dated March 13, 2018.
- (3) The reporting person was appointed trustee of the Joseph Schlonsky 2007 Trust (the "Trust") on September 30, 2012. The reporting person's sibling is the sole beneficiary of the Trust.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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